



CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES

**SERVICE VERIFICATION
AND
ATTENDANCE RECORD**

CLIENT'S NAME
SERVICE PROVIDER'S NAME

MONTH	YEAR
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DATES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	MONTHLY TOTALS
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
A	HOUR SERVICE BEGAN																
B	HOUR SERVICE ENDED																
C	CLIENT TRANSPORTATION																

DATES		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTHLY TOTALS
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
A	HOUR SERVICE BEGAN																	
B	HOUR SERVICE ENDED																	
C	CLIENT TRANSPORTATION																	

Signed by: _____
CLIENT/PARENT/GUARDIAN

FOR OFFICE USE ONLY	
HOURS	_____
DAYS	_____
MILES	_____

INSTRUCTIONS:

- A. Enter time service began - indicate AM or PM as appropriate.
 - B. Enter time service ended - indicate AM or PM as appropriate.
 - C. Client Transportation: All miles traveled transporting a client when authorized per SSPS.
- Maintain completed verification forms in your records for six (6) years. Copies may be requested by CA/DSHS.**